



SECTION I - TO BE COMPLETED BY N.Y.P.D.

Prisoner's Name (Last, First, M.I.) (Print)

CORTES, GONZALO

Address

ASTORIA, NY

Date

7/1/13

Age

44

Sex

m

Arresting Officer Rank (Print) Name (Last, First, M.I.)

P.O. 1 P.D. SMITH, MATTHEW

Arrest No.

Q13639344

Cmd. Of Arrest

115

Charge

Signature

Zip Code

Apt.

12

Telephone No.

Shield No.

9407

Tax Reg. No.

952253 169

Command

Escort Officer Rank (Print) Name (Last, First, M.I.)

P.O. 1 SMITH, MATTHEW

Prisoner Requests/Requires Medical Aid

Yes No

Prisoner Refused Medical Aid

Yes No

Date

7/1/13

Time

0735

Prisoner's Signature

Shield No.

9407

Tax Reg. No.

952253

Command

169

Transported To Hospital (Name)

ECH

Date

7/1/13

Time

0735

Via Patrol

Weapon #

RMP #

IACR #

PCR #

Operator Rank (Print, Name : Last, First, M.I.)

Returned From Hospital

Attempted Suicide

Yes No

Nature Of Illness/Injury:

Pain to Shoulder

If injury:

Old New

Restraining Devices Used

Yes No

S.S. U. Responded

Yes No

If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)

Prescription Medication Yes

Prescription Number And Name Of Physician

Furnished At Arrest No

Pharmacy / Phone No.

Property Owner: Invoice No. / Name

Remarks:

SMALL CUT TO HAND, COMPLAIN OF SHOULDER PAIN PRIOR POLICE

CONTACT

Prisoner Refused Medical Aid

In The Field Yes No

At The Command Yes No

Prisoner Refused Medical Aid

Within The Court Section Yes No

Recommend Prisoner Be Separated From General Population Yes No

E.M.S. Field Personnel Print Name (Last, First, M.I.)

Print Name (Last, First, M.I.)

E.M.S. Court Section

NYPD Supervisor/ Desk Officer

Rank (Print) Name (Last, First, M.I.)

Signature

Cm'd. Of Arrest/Court Section

US

Date

7/1/13

Time

0600

SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF

Admitted To Hospital

Yes No

Suicide Watch Recommended By

Hospital Staff Yes No

Transfer to Psychiatric Hospital Recommended

By Hospital Medical Staff Yes No

Medication Prescribed

Yes No

Medication To Be Taken As Prescribed

Yes No

Refer To Psychiatric Hospital

Yes No

Print Name (Last, First, M.I.)

Signature

Title

Date

Time

NYPD Court Section Supervisor

Rank (Print) Name (Last, First, M.I.)

Signature

Court Section

Date

Time

Received By Department Of Correction

Rank (Print) Name (Last, First, M.I.)

Signature

Shield / I.D. #

Date

Time

DISTRIBUTION: 1. WHITE, 2. BLUE, 3. PINK - DEPT. OF CORRECTION 4. BUFF - CMD. OF ARREST 5. GREEN - APPRAISING JUDGE
Receipt will be obtained by Escorting Officer on PINK COPY and returned to COURT SECTION facility. Upon receipt of PINK COPY, COURT SECTION Supervisor will remove BUFF COPY from FILE and forward it to COMMAND OF ARREST FOR FILE.

NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL